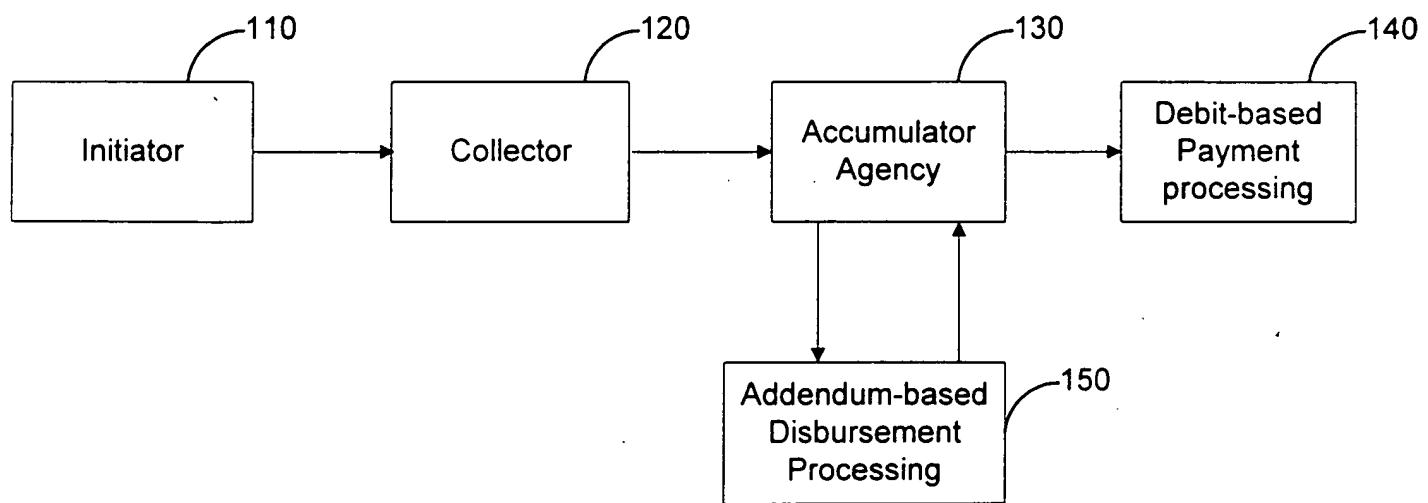
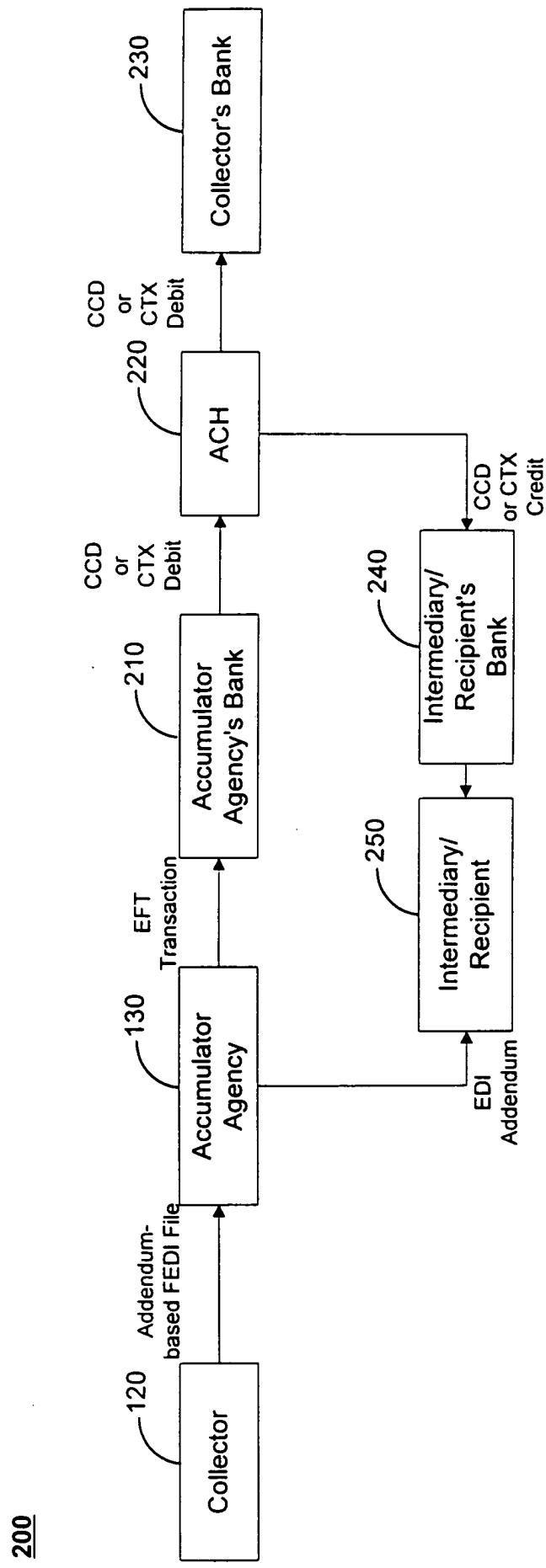


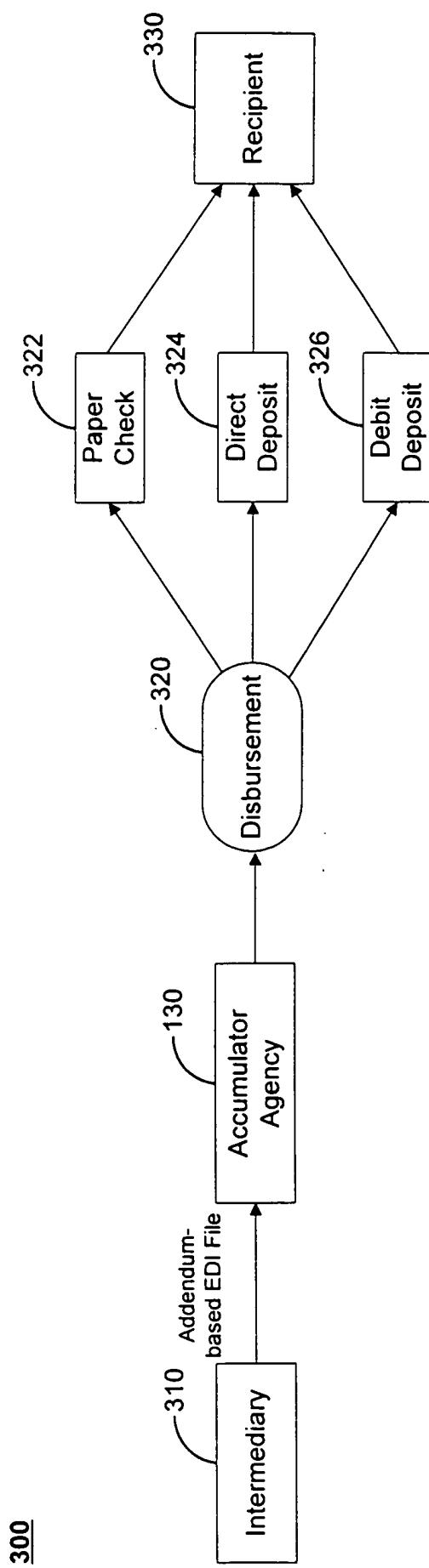
**FIGURE 1**

100



## FIGURE 2

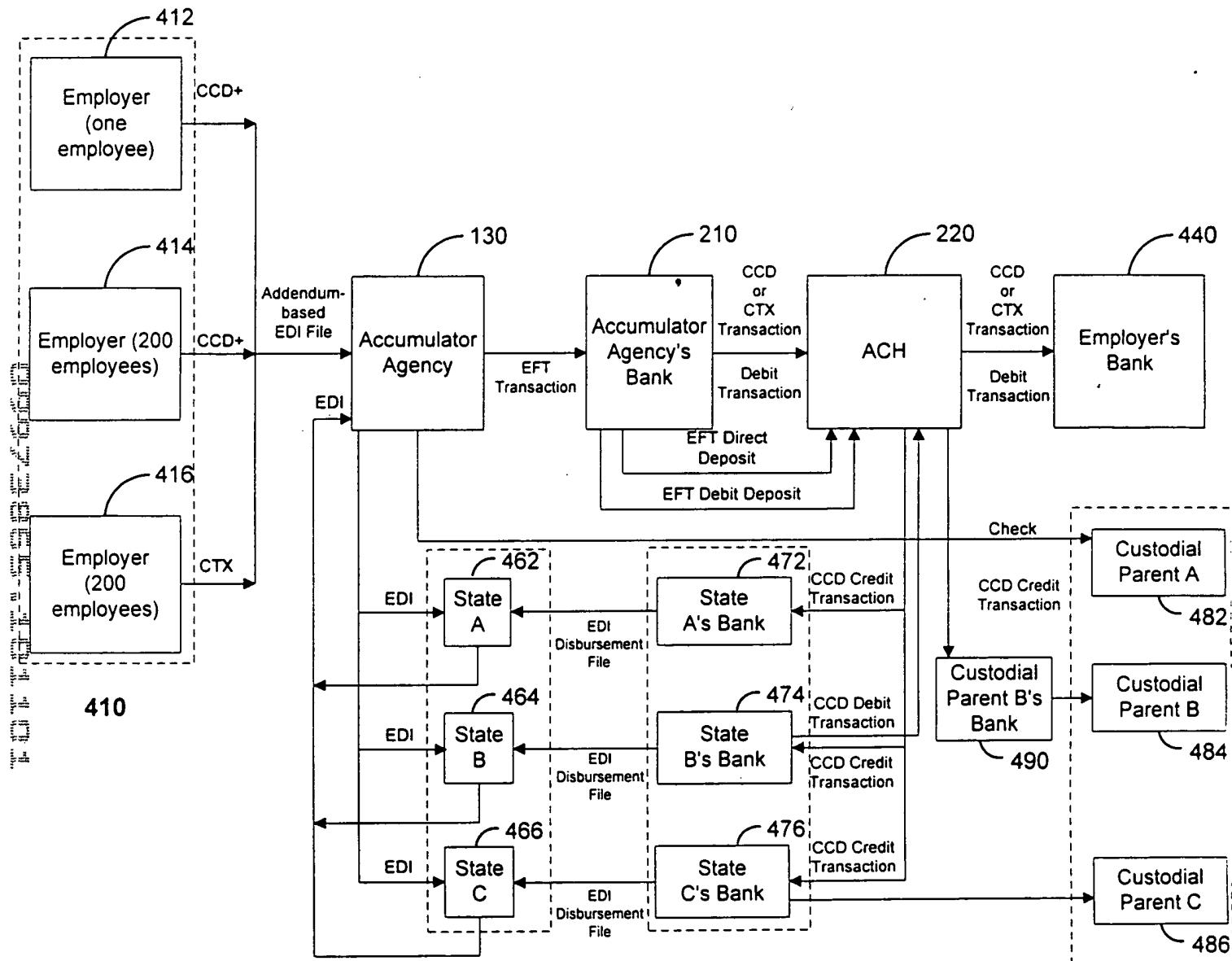




**FIGURE 3**

FIGURE 4

400



460

470

480

**FIGURE 5**

**120**

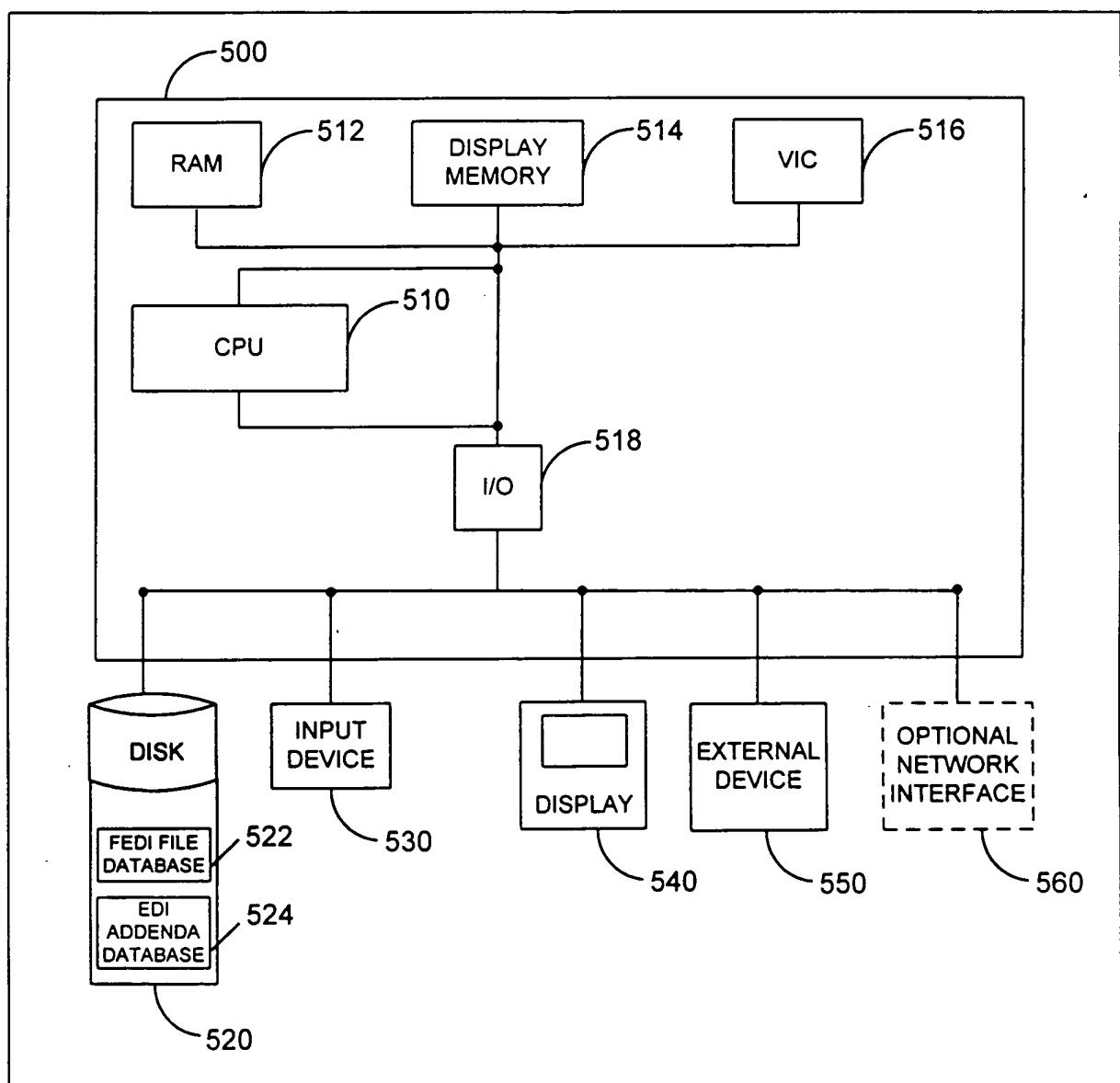


FIGURE 6

130

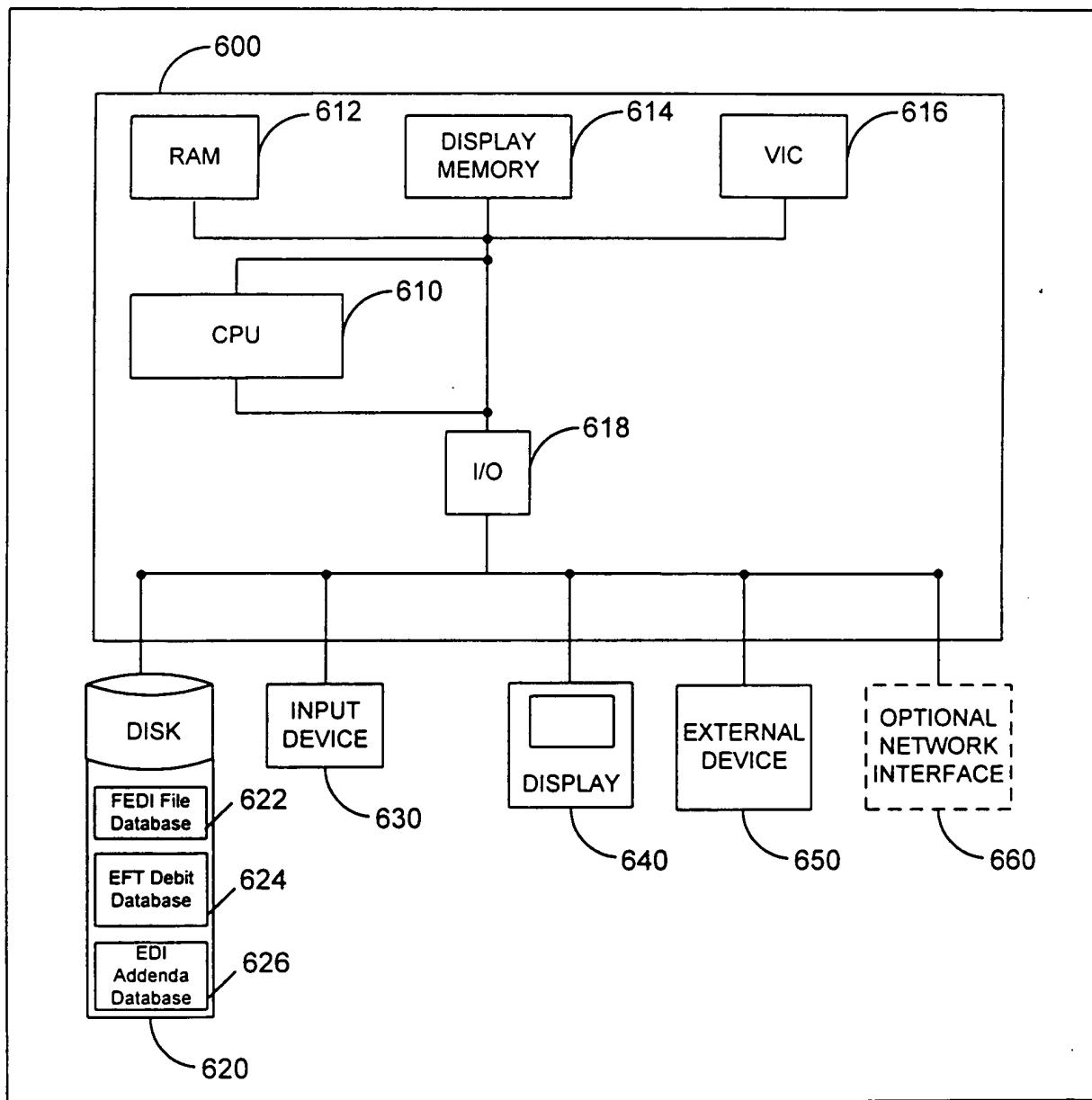


FIGURE 7

250

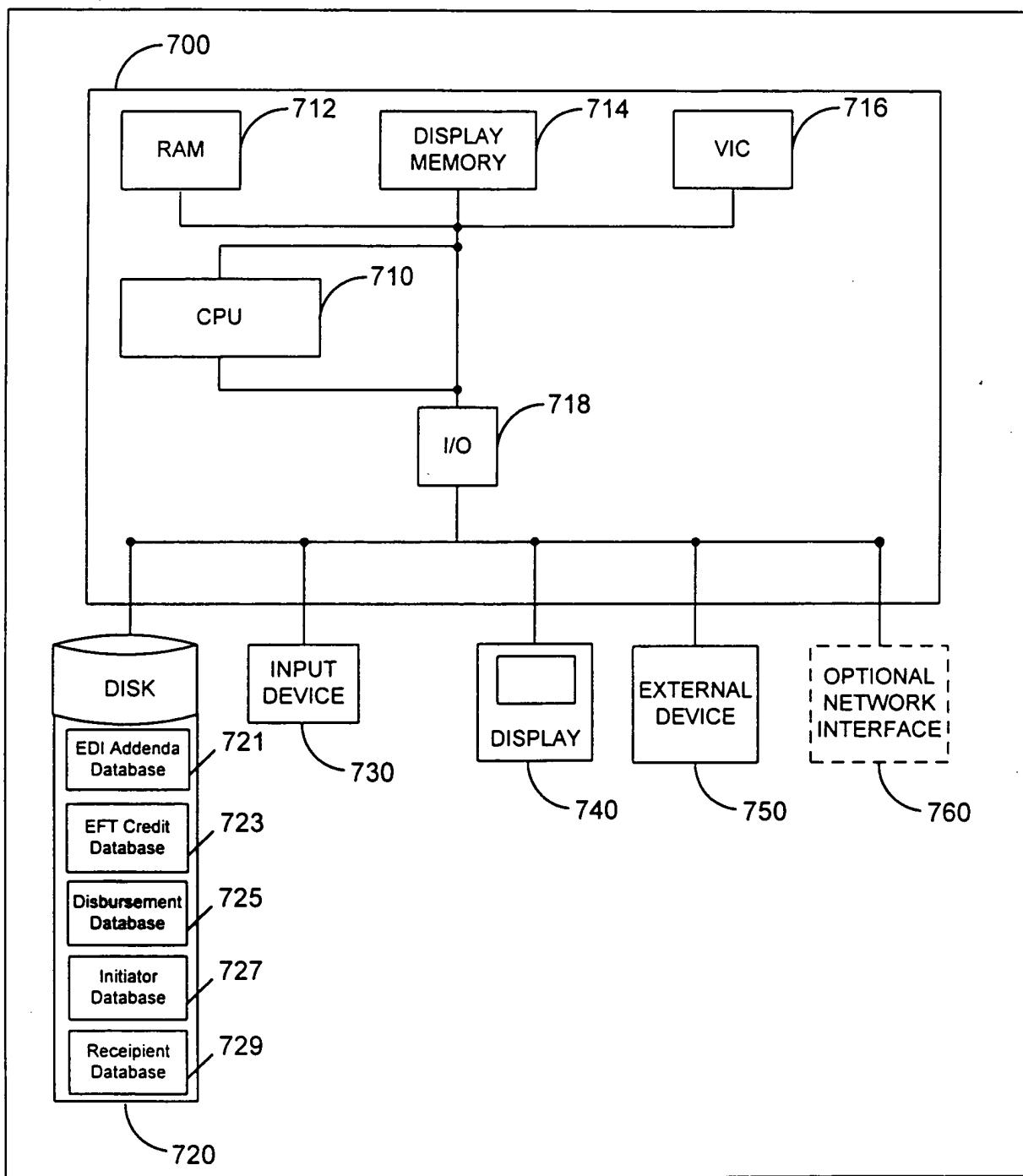


FIGURE 8A

FIELD	1	2	3	4	5	6	7	8	9	10	11
DATA ELEMENT NAME	Record Type Code	Receiving DFI Identification	Check Digit	DFI Account Number	Amount	Notification Number	Receiving Company Name	Observatory Data	Address Record Indicator	Time Interval	Time Interval
Field Inclusion Requirement	M	M	M	R	M	O	R	O	M	M	M
Contents	?	Number	TTTTTTAA	Number	Alphanumeric	SSSSSSSS	Alphanumeric	Alphanumeric	Alphanumeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	22	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-76	77-78	79-79	80-94

FIGURE 8B

FIELD	1	2	3	4	5	6	7	8	9	10	11	12	13
DATA ELEMENT NAME	Record Type Code	Transaction Code	Receiving DFI Identification	Check Digit	Off Account Number	Total Amount	Identification Number	Number of Address Records	Receiving Company Name/ID Number	Address Record Indicator	Discriminator Data	Reserved	Trace Number
Field Inclusion Requirement	M	M	M	M	R	M	O	R	R	N/A	O	M	M
Contents	V	Number	TTTTTTAA	Number	Attachment	SSSSSSSS44	Attachment	Numeric	Attachment	Blank	Numeric	Numeric	Numeric
Length	1	2	8	1	17	10	15	4	16	2	2	1	15
Position	01-01	02-03	04-11	12-12	13-39	30-39	40-54	55-58	59-74	75-76	77-78	79-79	80-94

FIGURE 9A

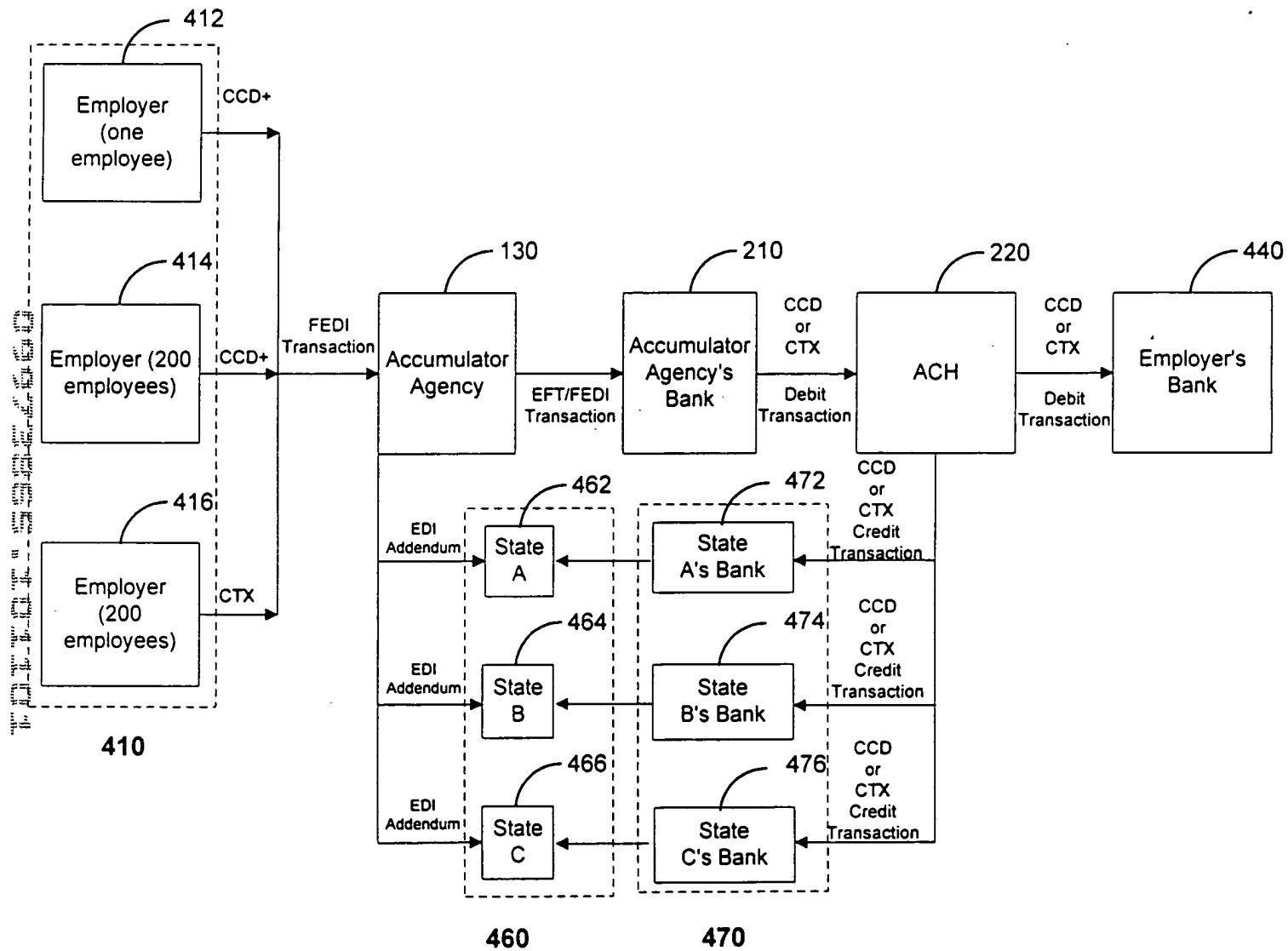
FIELD	1	2	3	4	5
DATA ELEMENT NAME	RECORD TYPE RECORDING	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
<i>Field Inclusion Requirement</i>	<b>M</b>	<b>M</b>	<b>O</b>	<b>M</b>	<b>M</b>
<i>Contents</i>	'7'	'05'	Alphanumeric	Numeric	Numeric
<i>Length</i>	1	2	80	4	7
<i>Position</i>	01-01	02-03	04-83	84-87	88-94

FIGURE 9B

Element	Comments	Content	Attributes		
			1	2	3
	Segment Identifier	DED	M	ID	3/3
DED01	Application Identifier	CS	M	ID	2/2
DED02	Case Identifier	XXXXXX	M	AN	1/20
DED03	Pay Date	YYMMDD	M	DT	6/6
DED04	Payment Amount	\$\$\$\$\$\$CC	M	N2	1/10
DED05	Non-Custodial Parent Social Security Number	XXXXXX	M	AN	9/9
DED06	Medical Support Indicator	'Y' - Yes, 'N' - No	M	AN	1/1
DED07	Non-Custodial Parent Name	XXXXXX	O	AN	1/10
DED08	FIPS Code	XXXXXX	O	AN	5/7
DED09	Employment Termination Indicator	'Y' - Yes	O	AN	1/1

FIGURE 10

1000



## FIGURE 11

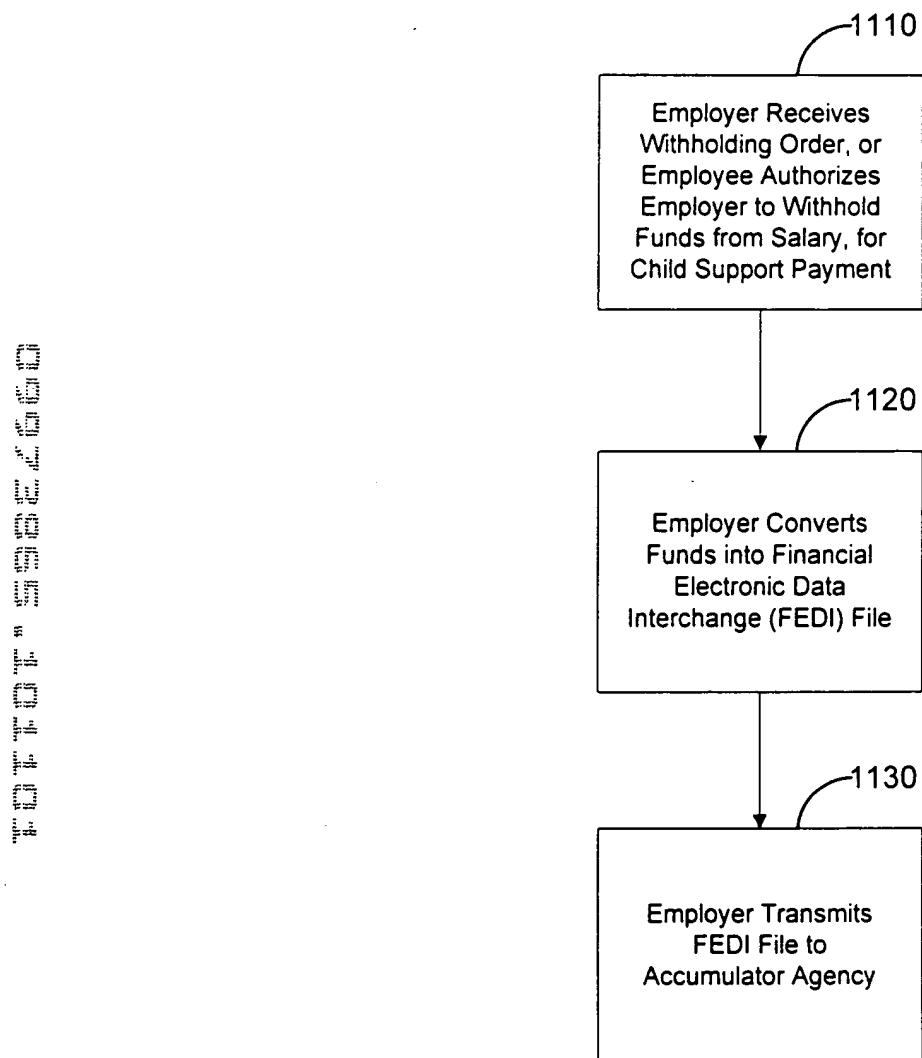
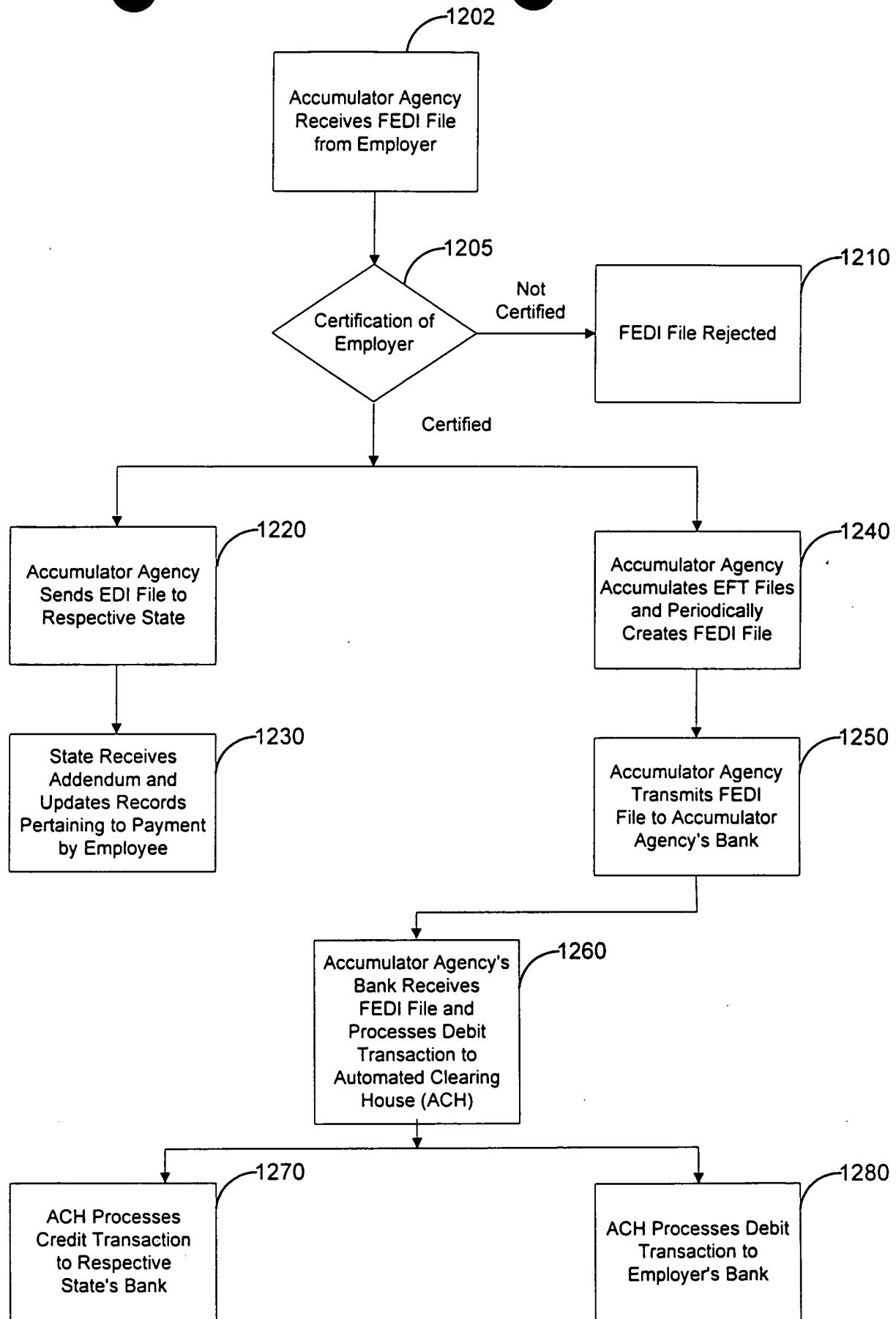
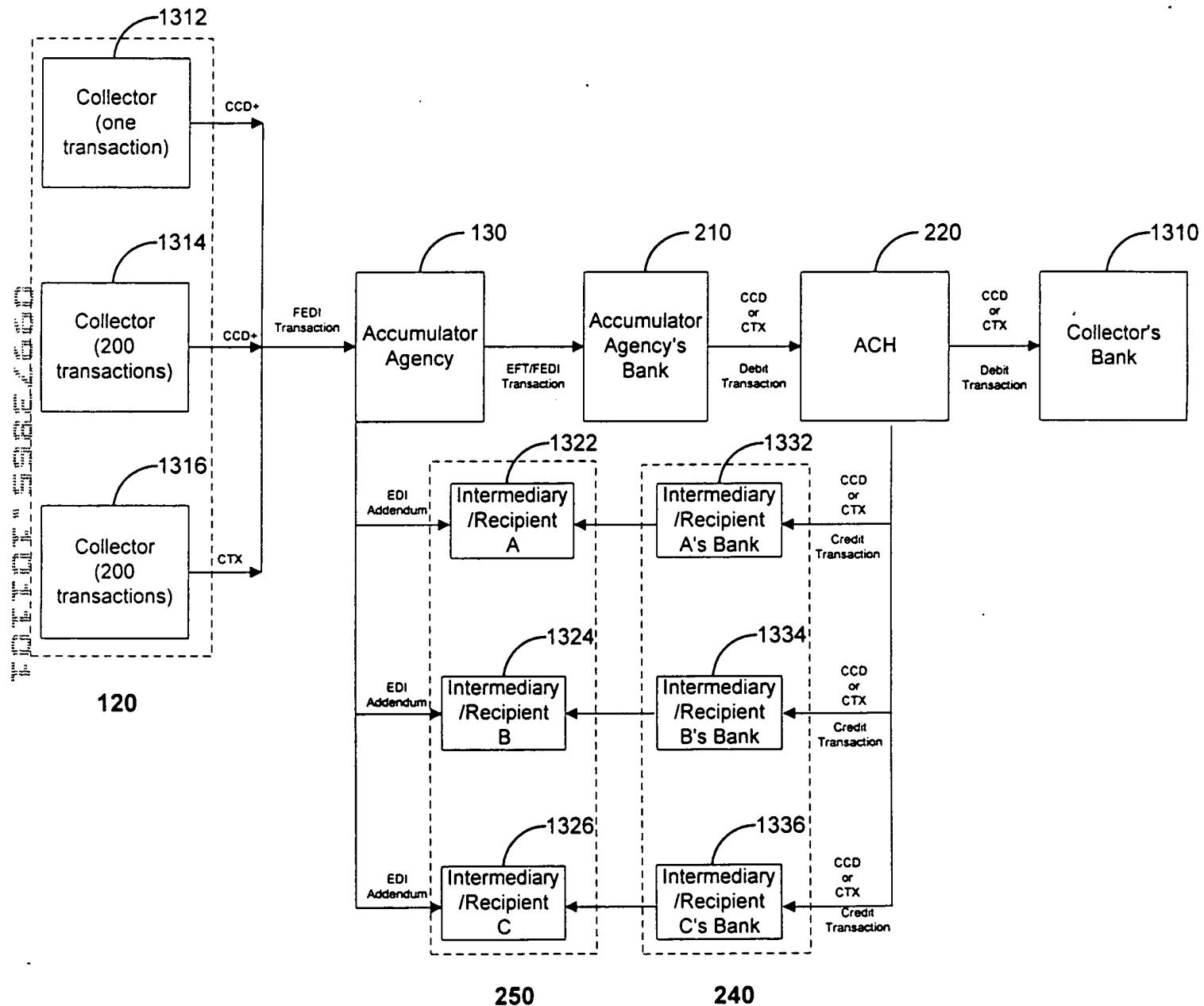


FIGURE 12



**FIGURE 13**

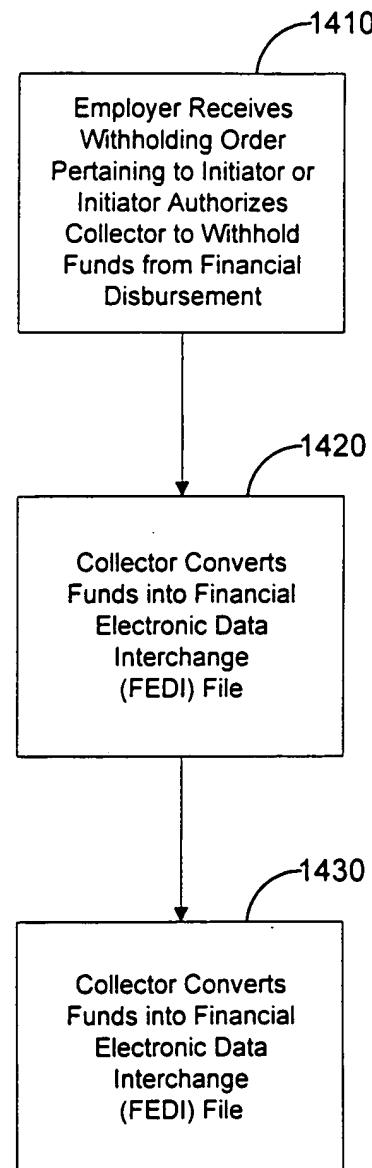
**1300**



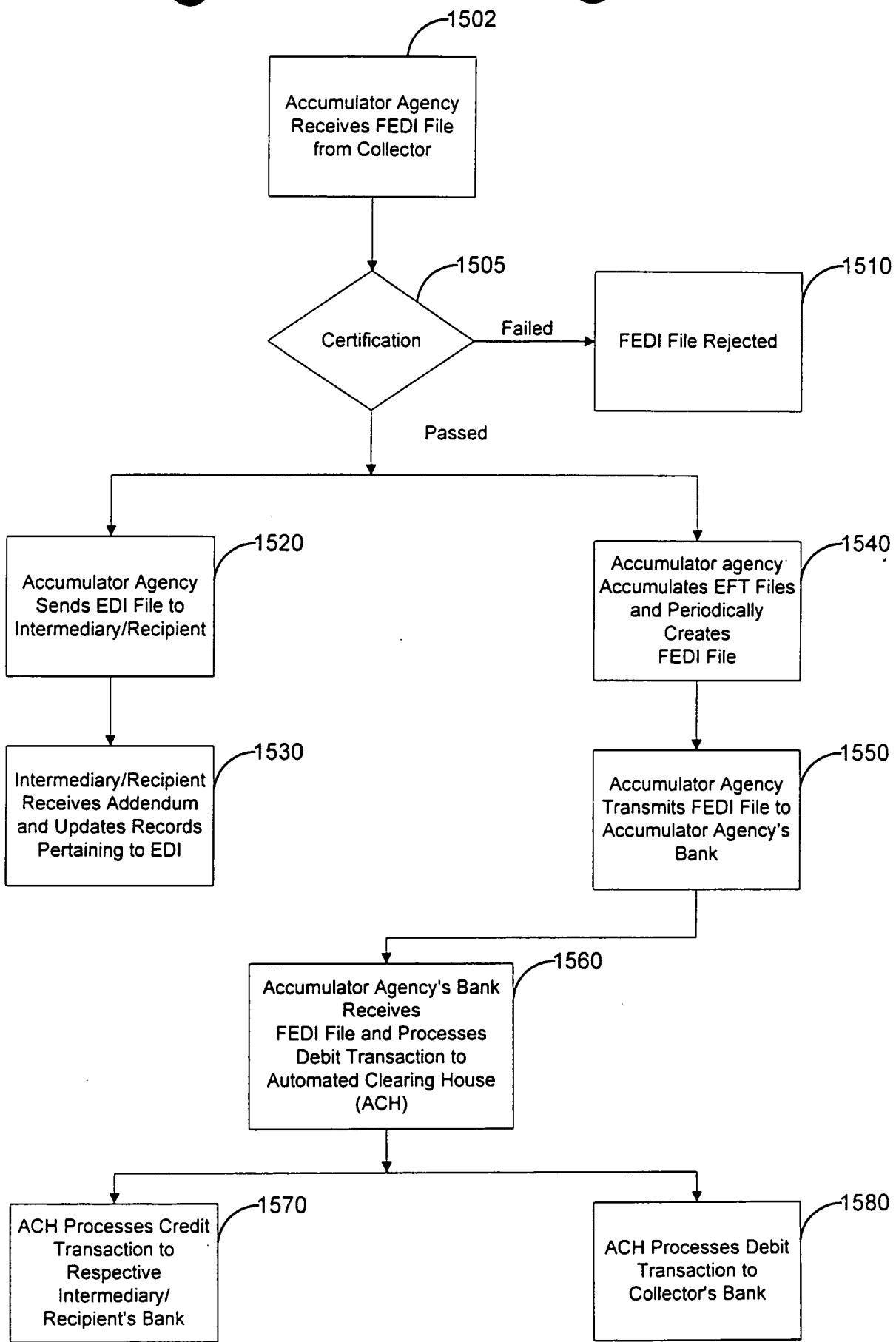
**250**

**240**

## FIGURE 14

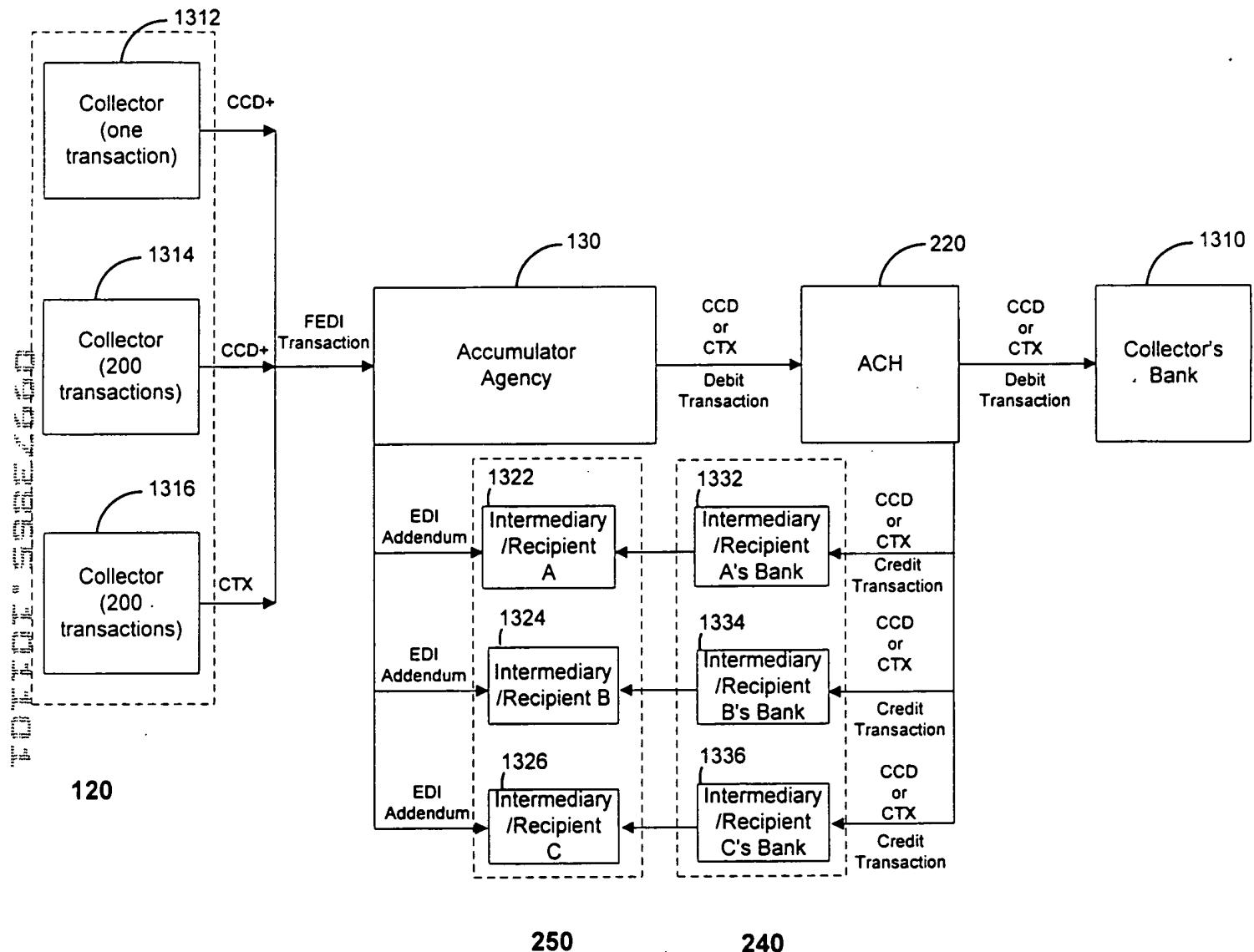


**FIGURE 15**



**FIGURE 16**

**1600**



**250**

**240**

**FIGURE 17**

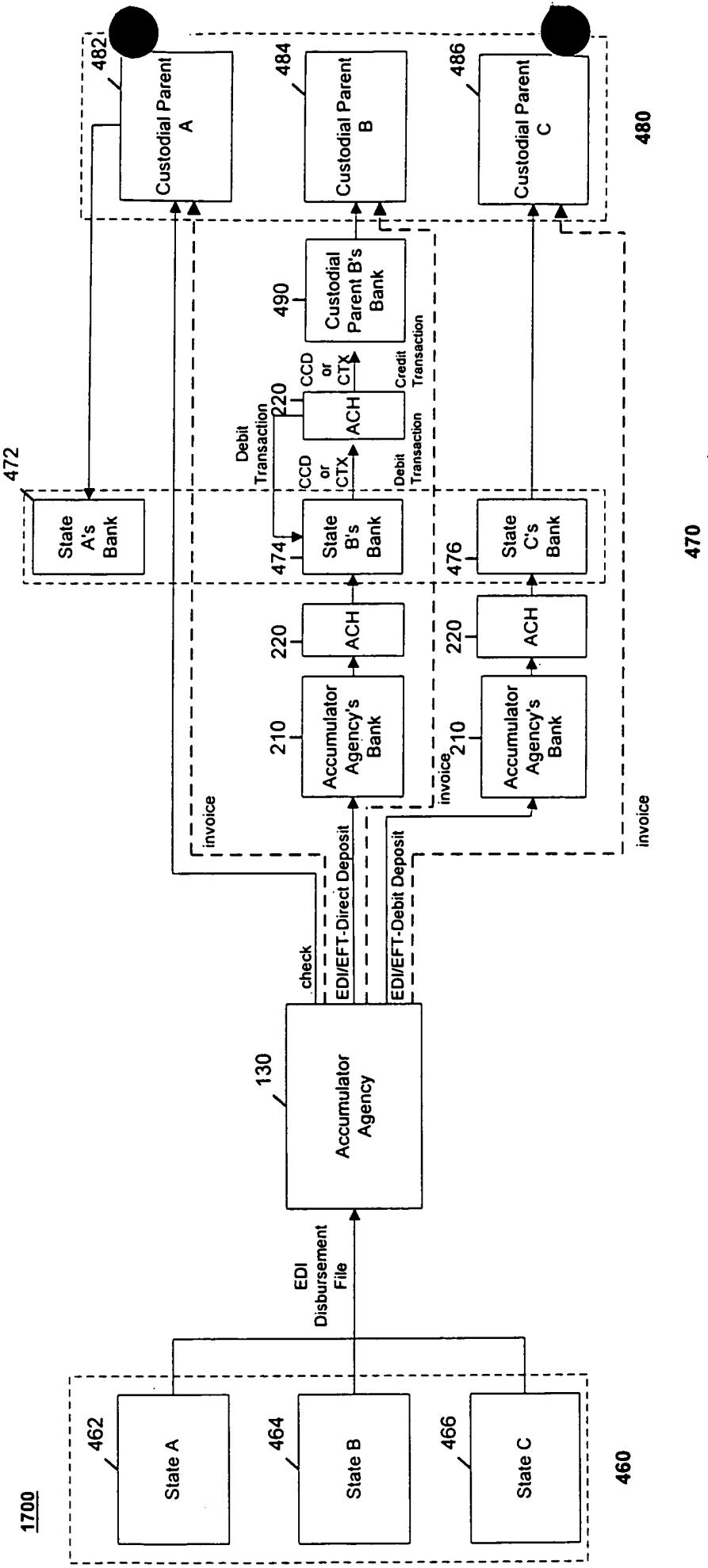
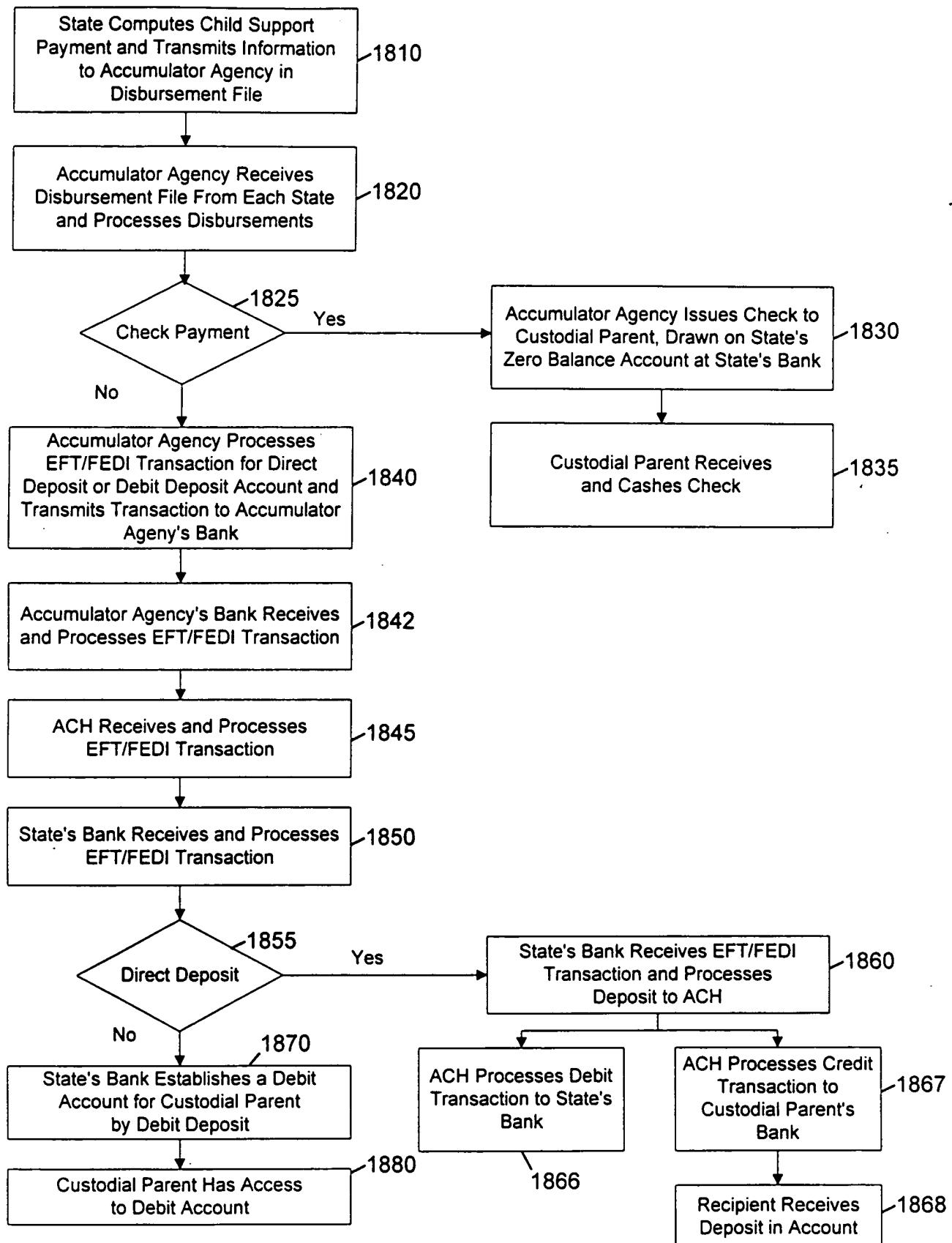


FIGURE 18



**FIGURE 19**

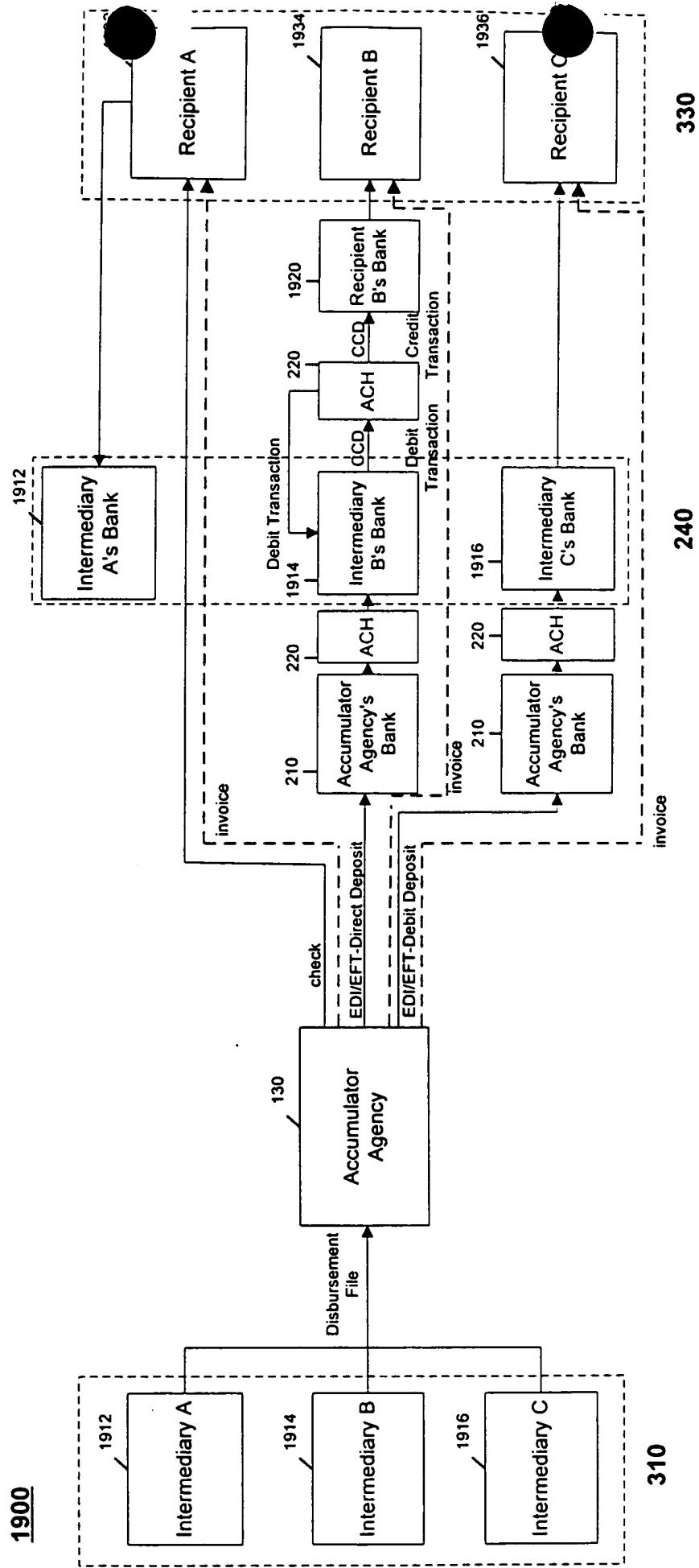
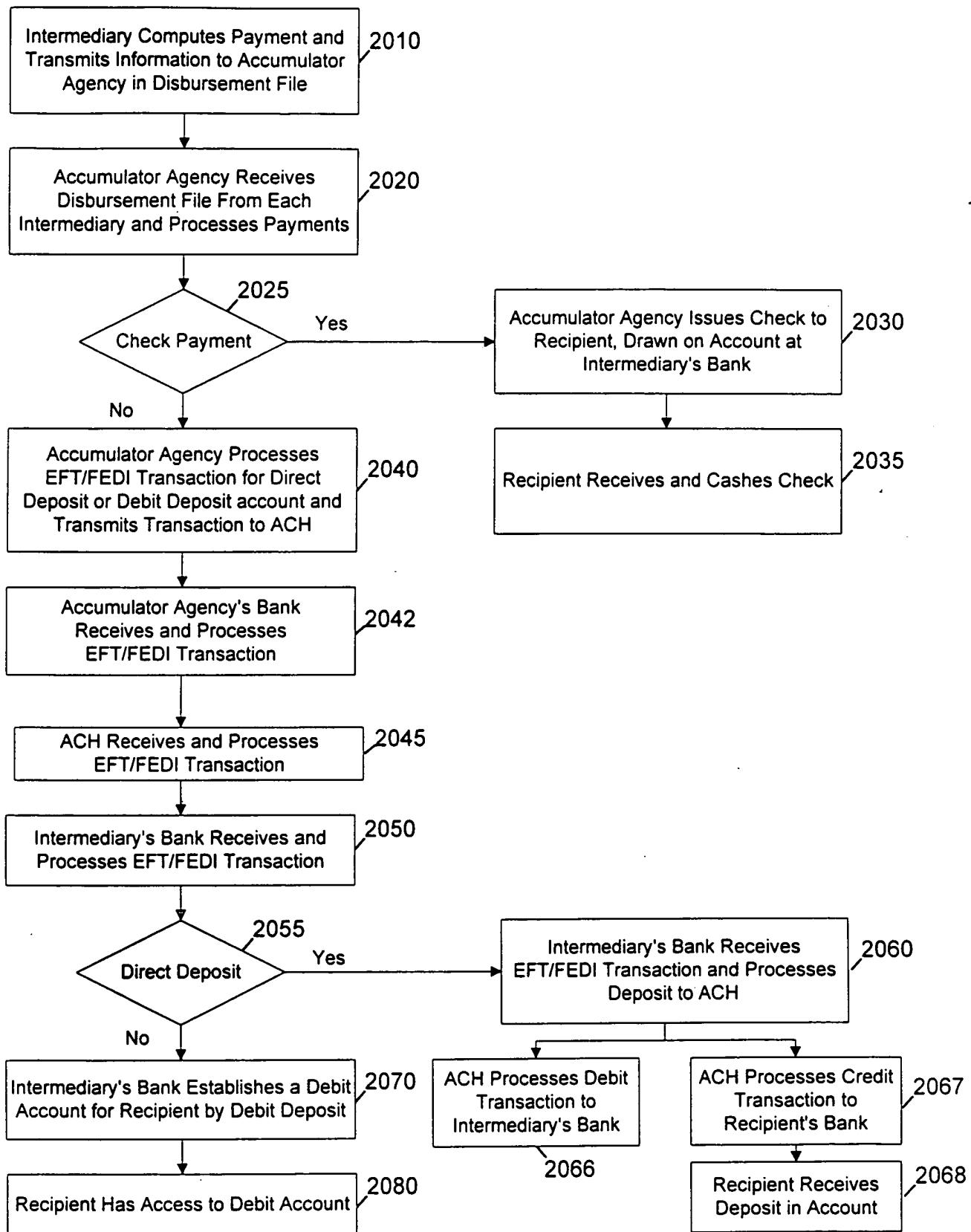


FIGURE 20



**FIGURE 21**

